

## Wichita Falls – Wichita County Public Health District

### Pediatric Private Pay Fee Schedule

- ☐ I agree to pay \$20.00 for the **Tuberculosis Skin Test**
- ☐ I agree to pay \$38.00 for the **DTaP** vaccine\*
- ☐ I agree to pay \$38.00 for the **Pediatric Hepatitis A** vaccine\*
- ☐ I agree to pay \$32.00 for the **Pediatric Hepatitis B** vaccine\*
- ☐ I agree to pay \$38.00 for the **Hib** vaccine\*
- ☐ I agree to pay \$167.00 for the **HPV** vaccine\*
- ☐ I agree to pay \$46.00 for the **Inactivated Polio** vaccine
- ☐ I agree to pay \$66.00 for the **DTaP/IPV (Kinrix)** vaccine
- ☐ I agree to pay \$97.00 for the **Meningococcal Conjugate** vaccine
- ☐ I agree to pay \$80.00 for the **MMR\***vaccine
- ☐ I agree to pay \$210.00 for the **PCV-13 (Prevnar)** vaccine\*
- ☐ I agree to pay \$105.00 for the **DTaP/Hib/IPV (Pentacel)** vaccine\*
- ☐ I agree to pay \$99.00 for the **Rotavirus** vaccine\*
- ☐ I agree to pay \$52.00 for the **Tdap** vaccine
- ☐ I agree to pay \$118.00 for the **Varicella** vaccine\*
- ☐ I agree to pay \$182.00 for the **MMRV** vaccine\*

\*Please note these prices are per injection, some vaccines require multiple doses

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Client Name (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date